

FILED OCT 15 1957

STANDARD CERTIFICATE OF DEATH

36960

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 54

| | | | |
|---|---------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Putnam</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> TOWN <u>Unionville</u> | | c. CITY OR TOWN <u>Unionville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <u>Monroe Hospital</u> <u>About 24 years</u> | | d. STREET (If outside, give location) Reside on Farm ADDRESS <u>1013 Main St.</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Christy</u> Middle <u>G.</u> Last <u>Hodges</u> | | 4. DATE OF DEATH Month <u>October</u> Day <u>4</u> Year <u>1957</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>August 19 1900</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Bus Contractor</u> | | 9b. KIND OF BUSINESS OR INDUSTRY <u>School Bus Operator</u> | |
| 10a. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 11. BIRTHPLACE (City and state or country) <u>Putnam County Missouri</u> | |
| 13. FATHER'S NAME <u>Robert Finis Hodges</u> | | 14. MOTHER'S MAIDEN NAME <u>Ethna Kyle Brown</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>495-20-5521</u> | |
| 17. INFORMANT <u>Mrs Icel G. Hodges</u> | | Address <u>1013 Main St. Unionville, Mo.</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) _____ DUE TO (c) <u>Chronic Degenerative Myocarditis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ INTERVAL BETWEEN ONSET AND DEATH _____ | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4222</u> | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>10-5-48</u> to <u>10-4-57</u> and last saw <u>him</u> alive on <u>10-4-57</u> Death occurred at <u>8:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>L.W. McDonald</u> | | 22b. ADDRESS <u>Unionville, Mo</u> | |
| 22c. DATE SIGNED <u>10-7-57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Oct. 7 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lone Pine Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Putnam County Missouri</u> |
| 24. FUNERAL DIRECTOR By <u>J.W. Comstock</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-12-1957</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Marvell J. Smith</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1957

OCT 31 1957

AUG 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
James W. Conistock

Licensed Embalmer No. 419

P. O. Address.....
Greenwich

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.